

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	219007US0
First Inventor or Application Identifier	Satoshi MOCHIZUKI, et al.
Title	DRY TONER FOR DEVELOPING ELECTROSTATIC IMAGES
Assignee Name:	
Assignee Address:	

PTO
62650/01
10/059239
88/16/10

01/31/02

FILED U.S. PTO

100546304

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

ACCOMPANYING APPLICATION PARTS

- ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- 2. ☒ Specification Total Sheets
- 3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets
- 4. ☐ Oath or Declaration Total Pages
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).
- 5. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- 6. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification or Sequence Listing on :
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

- 7. ☐ Assignment Papers (cover sheet & document(s))
- 8. ☒ Application Data Sheet. See 37 CFR 1.76
- 9. ☐ 37 C.F.R. §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
- 10. ☐ English Translation Document (if applicable)
- 11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- 12. ☐ Preliminary Amendment
- 13. ☐ White Advance Serial No. Postcard
- 14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- 15. ☐ Applicant claims small entity status. See 37 CFR 1.27
- 16. ☐ Other:

If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application no.:
Prior application information: Examiner:			Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. Amend the specification by inserting before the first line the sentence:

- ☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of application Serial No. Filed on
- ☐ Which was published in English
- ☐ Which was not published in English
- ☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



22850

(703) 413-3000
FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	1-31-02
Name:	James D. Hamilton	Registration No.:	

Registration No. 28,421

Docket No. 219007US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Satoshi MOCHIZUKI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: DRY TONER FOR DEVELOPING ELECTROSTATIC IMAGES

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

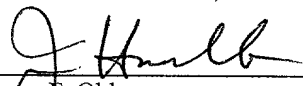
FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	8 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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TOTAL OF ABOVE CALCULATIONS				\$870.00
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TOTAL				\$870.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$870.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 1-31-02


Norman F. Oblon

Registration No. 24,618

James D. Hamilton
Registration No. 28,421



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/01)